

Case Number:	CM15-0057556		
Date Assigned:	04/02/2015	Date of Injury:	12/23/2014
Decision Date:	05/08/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old male, who sustained an industrial injury on 12/23/14. He has reported neck and back injuries. The diagnoses have included sciatica, lumbar sprain/strain, muscle weakness, pain, and numbness and weakness of right leg. Treatment to date has included medications, diagnostics, and Home Exercise Program (HEP). Currently, as per the physician progress note dated 2/20/15, the injured worker complains of constant upper and lower back pain along with frequent pain and numbness in the right leg. He also reports feeling depressed and having severe problems with sleeping. He reports 60-80 percent improvement in pain and functional ability with use of current medications. The pain was rated 7-10/10 on pain scale without medications and decrease to 3-4/10 with use of medications. The objective findings revealed cervical spine range of motion was restricted, tenderness was noted to palpation, and lumbar spine range of motion was moderately restricted with tenderness to palpation. He was not able to perform heel-toe gait with right foot/leg and ankle jerk was absent on the right. The treatment plan included (EMG) electromyography/ (NCV) Nerve Conduction Velocity studies, urine drug screen, and medications. The physician requested treatments included Naproxen 550mg #90 refill unspecified, Tramadol/APAP 37.5/325mg #90 refill unspecified, and Cyclobenzaprine 7.5mg #60 refills unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Naproxen 550mg #90 refill unspecified: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 22, 67-73.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Naproxen 550mg #90 refill unspecified. The treating physician states, "Reported he had been experiencing constant upper and lower back pain that has varied from 7-10/10 without medications. He reports getting greater than 60-80% improvement in both his pain and functional ability with his current medications, which decrease his pain to a 3-4/10 and promote an enhanced ability for him to perform activities of daily living". (3B) The MTUS guidelines recommend NSAID usage for moderate to severe pain. In this case, the treating physician has documented that the patient is in severe pain and that the medication and increased the patient's ability to function. The current request is medically necessary and the recommendation is for authorization.

Tramadol/APAP 37.5/325mg #90 refill unspecified: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Tramadol/APAP 37.5/325 mg #90 refill unspecified. The treating physician states, "Reported he had been experiencing constant upper and lower back pain that has varied from 7-10/10 without medications. He reports getting greater than 60-80% improvement in both his pain and functional ability with his current medications, which decrease his pain to a 3-4/10 and promote an enhanced ability for him to perform activities of daily living". (3B) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain with opioid usage and has been able to improve tolerance for activities of daily living. There are no side effects or aberrant behaviors noted and the patient is tolerating opioid usage. The current request is medically necessary and the recommendation is for authorization.

Cyclobenzaprine 7.5mg #60 refills unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Cyclobenzaprine 7.5mg #60 refills unspecified. The treating physician states, "Cyclobenzaprine 7.5 1 tab BID x 4 weeks". (5B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief". In this case, it is not clear how long the treating physician has been prescribing this medication to the patient and MTUS guidelines only recommend short term treatment. The current request is not medically necessary and the recommendation is for denial.